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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/597,590			ing Date 31/2006	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
FOR			NUMBER FI	.ED NU	NUMBER EXTRA		RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)	
BASIC FEE (37 CFR 1.16(a), (b), or (c))			N/A		N/A		N/A		]	N/A		
SEARCH FEE (37 CFR 1 16(k), (i), or (m))			N/A		N/A		N/A		]	N/A		
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))			N/A		N/A		N/A			N/A		
TOTAL CLAIMS (37 CFR 1 16(i))			minus 20 = *			l	x \$ =		OR	x s =		
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3 = *			1	X \$ = 1		1	X S =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE she is \$	ets of pap 250 (\$125 litional 50	gs exceed 100 on size fee due for each n thereof. See CFR 1.16(s).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									1			
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		1	TOTAL		
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								L ENTITY	OR		ER THAN ALL ENTITY	
AMENDMENT	09/29/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16())	* 65	Minus	·· 65	= 0	]	x s =		OR	X \$60=	0	
	Independent (37 CFR 1.16(h))	• 12	Minus	···13	= 0	]	x s =		OR	X \$250=	0	
	Application Size Fee (37 CFR 1.16(s))											
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16())		Minus		-	]	× \$ =		OR	x s =		
Δ	Independent (37 CFR 1 16(h))	*	Minus	***	-	]	X \$ =		OR	x s =		
핍	Application Size Fee (37 CFR 1.16(s))					1			1			
AN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
									OR	TOTAL ADD'L FEE		
*If the entry in column 1 is less than the entry in column 2, water 0° in column 3. Legal Instrument Examiner:  "If the "Highest Number Previously Paid For" in YHIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" in YHIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" in YHIS SPACE is less than 3, enter "3".  The Highest Number Previously Paid For" in YHIS SPACE is less than 3, enter "3".  The Highest Number Previously Paid For" in YHIS SPACE is less than 3, enter "3".  The Highest Number Previously Paid For" in YHIS SPACE is less than 3, enter "3".  The Highest Number Previously Paid For" in YHIS SPACE is less than 3, enter "3".  The Highest Number Previously Paid For" in YHIS SPACE is less than 20, enter "3".  The Highest Number Previously Paid For" in YHIS SPACE is less than 20, enter "3".  The Highest Number Previously Paid For" in YHIS SPACE is less than 20, enter "3".  The Highest Number Previously Paid For" in YHIS SPACE is less than 20, enter "20".  The Highest Number Previously Paid For" in YHIS SPACE is less than 20, enter "20".  The Highest Number Previously Paid For "NHIS SPACE" is less than 20, enter "20".  The Highest Number Previously Paid For "NHIS SPACE" is less than 20, enter "20".  The Highest Number Previously Paid For "NHIS SPACE" is less than 20, enter "20".  The Highest Number Previously Paid For "NHIS SPACE" is less than 20, enter "20".  The Highest Number Previously Paid For "NHIS SPACE" is less than 20, enter "20".  The Highest Number Previously Paid For "NHIS SPACE" is less than 20, enter "20".  The Highest Number Previously Paid For "NHIS SPACE" is less than 20, enter "20".  The Highest Number Previously Paid For "NHIS SPACE" is less than 20, enter "20".  The Highest Number Previously Paid For "NHIS SPACE" is less than 20.  The Highest Number Previously Paid For "NHIS SPACE" is less than 20.  The Highest Number Previously Paid For "NHIS SPACE" is less than 20.  The Highest Number Previously Paid For "NHIS SPACE" is less than												

This collection of information is required by 37 CFR 11.6. The information is required to define or retain a benefit by the public which is to file (and by the USE) process) an application. Confidentially 39 cycered by 38 cycered by 38 CFR 11.6. This collection is estimated to take 12 nimulates to complete, including gathering, preparing, and submitting the completed application form to the USE 17.0. Time will wary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the CFR Information Cities. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 22319-1.6. D.O. NOT 1550, JASS 10.0. D.O. NOT 1550, JASS 11.5. D.O. NOT 1550, JASS 11.5.